



## WAIVER REQUEST(S) FORM (ACT 1623 OF 2001)

Effective July 1, 2006, and pursuant to Federal regulations of NCLB regarding Highly Qualified Teachers (HQT),  
Schools/Districts may only hire teachers in core academic areas who have HQT status.

\_\_\_\_\_  
School District

\_\_\_\_\_  
LEA Number

\_\_\_\_\_  
Date

**A waiver request to assign a teacher/administrator outside of his/her licensure/subject area or grade level, for more than thirty (30) consecutive days during a school year, is being submitted for the following teacher(s)/administrator(s):**

Name	SS#	School	Current Licensure Area(s)	*Out-of- Area Assignment	Beginning Date of out of area assignment for <i><u>this</u></i> <i><u>school year</u></i>	Does this assignment area require HQT (yes, no, or N/A)	Is this teacher HQ for this subject area? (yes, no, or N/A)	ALP/ ALCP on File or Enclosed	All school years employed under an ALP/ ALCP in this area

**\*Please list specific subject and grade level. If this is a Special Education assignment, indicate if the assignment is in a core academic area for credit and list the area. Example: Special Education (Math) or Special Education (General).**

All waiver requests and/or completed additional licensure plans must be submitted throughout the school year within 30 days of the beginning assignment date of any teacher/administrator not licensed for the grade level and subject areas assigned. Waivers requested or additional licensure plans submitted more than 30 days after the beginning date of the assignment **will not be approved.**

**Completion of items 1-3 is required prior to receiving consideration for a waiver for each teacher/administrator.**

- (1) Justification for waiver request via documentation of efforts to find a Highly Qualified licensed teacher/administrator for the subject/grade levels listed when required. (*This item must be completed the first time a waiver is requested regardless of the out of area assignment.*)**
  
- (2) Provide a copy of the written plan(s) with timelines for completion, that are on file with the District/School for becoming a licensed and Highly Qualified Teacher where required:**
  
- (3) For those teachers/administrators who taught on a waiver in this subject area last year or in previous years, please provide evidence of progress by this teacher to become licensed and to obtain HQ status in this subject area:**

Superintendent: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**NOTE: It is the School District's responsibility to monitor each educator in the district on an ALP/ALCP to ensure adequate yearly progress is being made as required by, and stated in the Rules Governing Educator Licensure.**

**Please mail to:**

Darrick Williams, Public School Program Coordinator  
Office of Educator Licensure  
Four Capitol Mall, Room 107 B  
Little Rock, AR 72201